




POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 1 - SITE INFORMATION AND ASSESSMENT

IAD 000651026

I. IDENTIFICATION

01 STATE: IA 02 SITE NUMBER: 000010157

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) <u>Chevron Chemical Co.</u>		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER <u>201 35<sup>th</sup> AVE.</u>			
03 CITY <u>Council Bluffs</u>	04 STATE <u>IA</u>	05 ZIP CODE <u>51501</u>	06 COUNTY <u>Pottawattamie</u>	07 COUNTY CODE	08 CONG DIST
09 COORDINATES LATITUDE _____		LONGITUDE _____		30472669  Superfund	
10 DIRECTIONS TO SITE (Starting from nearest public road) <u>NW 1/4, NE 1/4, SE 1/4 Sect. 12 T74N R44W</u> <u>1/2 mile South of Interstate Highway 29</u>					

III. RESPONSIBLE PARTIES

01 OWNER (If known) <u>Chevron Chemical Company</u>		02 STREET (Business, mailing, residential) <u>P.O. Box 3883</u>			
03 CITY <u>San Francisco</u>	04 STATE <u>CA</u>	05 ZIP CODE <u>94119</u>	06 TELEPHONE NUMBER <u>(415) 894 9076</u>		
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ( )		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☒ A. RCRA 3001 DATE RECEIVED: 08/18/80 MONTH DAY YEAR ☒ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: 6/14/81 MONTH DAY YEAR ☐ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE <u>08/18/80</u> MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input checked="" type="checkbox"/> F. OTHER: <u>Company Contractor</u> (Specify) CONTRACTOR NAME(S): <u>Dames &amp; Moore</u>			
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION <u>1966</u> BEGINNING YEAR <u>1982</u> ENDING YEAR <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED <u>Building on site: Office, Former liquid products filling shed, warehouse, storage tank, small manufacturing facility</u>					

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

- 1) Spill of Butyl parathion may have occurred from the storage tank area
- 2) Spill of propionic acid E & R.R. near warehouse.
- 3) 2 pieces of equipment were disposed by burial - maybe still have had chemical pesticides on and in them. (Company's property, 5 ACRES)

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)  
☐ A. HIGH (Inspection required promptly) ☐ B. MEDIUM (Inspection required) ☒ C. LOW (Inspect on time available basis) ☐ D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT <u>Diana J. Bailey</u>		02 OF (Agency/Organization) <u>EPA - Superfund</u>		03 TELEPHONE NUMBER <u>(816) 374-6864</u>	
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER ( )	08 DATE <u>12/15/82</u> MONTH DAY YEAR

IA D 000 651026



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
IA 00006157

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply) <input type="checkbox"/> A. SOLID <input checked="" type="checkbox"/> B. POWDER, FINES <input type="checkbox"/> C. SLUDGE <input checked="" type="checkbox"/> D. OTHER <i>Sludge</i> <small>(Specify)</small>	02 WASTE QUANTITY AT SITE <small>(Measures of waste quantities must be independent)</small> TONS _____ CUBIC YARDS _____ NO. OF DRUMS _____	03 WASTE CHARACTERISTICS (Check all that apply) <input checked="" type="checkbox"/> A. TOXIC <input type="checkbox"/> B. CORROSIVE <input type="checkbox"/> C. RADIOACTIVE <input checked="" type="checkbox"/> D. PERSISTENT <input type="checkbox"/> E. SOLUBLE <input type="checkbox"/> F. INFECTIOUS <input type="checkbox"/> G. FLAMMABLE <input type="checkbox"/> H. IGNITABLE <input type="checkbox"/> I. HIGHLY VOLATILE <input type="checkbox"/> J. EXPLOSIVE <input type="checkbox"/> K. REACTIVE <input type="checkbox"/> L. INCOMPATIBLE <input type="checkbox"/> M. NOT APPLICABLE
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III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS			
PSD	PESTICIDES	unknown	unknown	
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS	unknown	unknown	
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
PSD	Parathion @	56-38-2	Spill		
PSD	Toxaphene	8001-35-2			
PSD	dieldrin	60-57-1	burial	1,690	ppb
PSD	Di-System	999			
PSD	Bux <sup>2</sup> Emulsive @	999			
PSD	Bux <sup>2</sup> Granular @	999			
PSD	Di-System	999			
PSD	Bolene	999			
PSD	McCoy	999			
PSD	H-mo2C	999			
PSD	Aldrin @	309-00-2	burial	2,090	ppb
PSD	methoxychlor	72-43-5			
	Paraguard	999			
ACD	Propionic Acid @	79-09-4	Spill		

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

RCRA Notification TOPE files Air & Waste Compliance files - State Report Dames & Moore Contractor's Report Superfund Notification	Drinking water - msis report USGS Observation wells USGS Topo map Iowa State Geological Survey - well log State's County Soil Survey Missouri River Flood Plain Atlas State HWY Commission	Army Corps of Eng Contact with Company
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**POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT**  
**PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS**

1. IDENTIFICATION	
01 STATE IA	02 SITE NUMBER 000010157

**II. HAZARDOUS CONDITIONS AND INCIDENTS**

01 ☒ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ POTENTIAL ☐ ALLEGED  
 03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION  
*in a River flood plain = depth to ground water 9' equipment buried 3-4 ft.  
 ground water pH 5.6 average  
 (1 well to 16 ft depth about 1 mile s. (USGS monitoring well)  
 1 well to 100 ft depth East Harbor Development by Layne Western contractors*

01 ☒ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ POTENTIAL ☐ ALLEGED  
 03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION  
*1) Small ditch Acid spill & or Tank spill drain into wetlands & or Otter lake  
 2) ground water drain into wetland & or Otter lake.*

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
 03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
 03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
 03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01 ☒ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ POTENTIAL ☐ ALLEGED  
 03 AREA POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION  
*1) Possible spill of pesticides in Storage tank area  
 2) spill of propionic acid E of R.R.  
 3) 2 pieces of Equipment were disposed of by burial = area 1 Soil Sample 8/81*

01 ☒ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ POTENTIAL ☐ ALLEGED  
 03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION  
*Wells S in golf course area (thought to be) also in E. Harbor Residential area*

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
 03 WORKERS POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
 03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

IAD 000651026



**POTENTIAL HAZARDOUS WASTE SITE  
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**PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS**

**I. IDENTIFICATION**

01 STATE <b>IA</b>	02 SITE NUMBER <b>000010157</b>
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**II. HAZARDOUS CONDITIONS AND INCIDENTS** (Continued)

01 ☒ **J. DAMAGE TO FLORA** 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ **POTENTIAL** ☐ **ALLEGED**  
04 NARRATIVE DESCRIPTION

1) Things like parquat was handle by company do not know of any spills.  
2) drainage to wetland.

01 ☒ **K. DAMAGE TO FAUNA** 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ **POTENTIAL** ☐ **ALLEGED**  
04 NARRATIVE DESCRIPTION (include name(s) of species)

wet land - like etc.

01 ☒ **L. CONTAMINATION OF FOOD CHAIN** 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ **POTENTIAL** ☐ **ALLEGED**  
04 NARRATIVE DESCRIPTION

01 ☒ **M. UNSTABLE CONTAINMENT OF WASTES** 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ **POTENTIAL** ☐ **ALLEGED**  
(Spills, runoff, leaking liquids, leaking drums)  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

1 & 2 spills

01 ☒ **N. DAMAGE TO OFFSITE PROPERTY** 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ **POTENTIAL** ☐ **ALLEGED**  
04 NARRATIVE DESCRIPTION

To wetland  
To STATE Park - Lake - (ox bow lake) Manawa

01 ☐ **O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs** 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ **POTENTIAL** ☐ **ALLEGED**  
04 NARRATIVE DESCRIPTION

01 ☐ **P. ILLEGAL/UNAUTHORIZED DUMPING** 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ **POTENTIAL** ☐ **ALLEGED**  
04 NARRATIVE DESCRIPTION

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

**III. TOTAL POPULATION POTENTIALLY AFFECTED:** \_\_\_\_\_

**IV. COMMENTS****V. SOURCES OF INFORMATION** (Cite specific references, e.g., state files, sample analysis, reports)



# RATING FORM FOR WASTE DISPOSAL SITES

Changes made  
Oct 29 - Nov 3 82  
Nov 8 -

NAME OF SITE Chevron Chemical Co. ACTIVE: INACTIVE INACTIVE AND ABANDONED (CIRCLE ONE)  
 LOCATION 201 35<sup>th</sup> AVE, Council Bluffs, IA 51501 Chevron Chemical  
 OWNER OPERATOR Company, P.O. Box 3883 San Francisco, CA. 94119  
 COMMENTS K.C. Bishop P.H.D. 415-894-9076  
Pesticides - 2 pits D) IAD 000 651026  
S) IA 000 101 57  
N) IAS 000 000 164 No Lead.  
 PREPARED BY: Diana J Bailey ON Aug 24 19 82

RATING FACTOR	SOURCE AND BASIS OF INFORMATION	FACTOR RATING (CIRCLE ONE)	MULTIPLIER	FACTOR SCORE	MAXIMUM POSSIBLE SCORE
<b>RECEPTORS</b>					
POPULATION WITHIN 1,000 FEET		<u>0</u> 1 2 3	12	<u>0</u>	<u>36</u>
DISTANCE TO NEAREST DRINKING-WATER WELL		0 1 <u>2</u> 3	8	<u>16</u>	<u>24</u>
DISTANCE TO NEAREST OFF-SITE BUILDING	<u>Assess location</u> <u>Topo map</u>	0 1 <u>2</u> <u>3</u>	8	<u>12</u>	<u>24</u>
LAND USE/ZONING	<u>Both plus Ag.</u> <u>Industrial/residential</u>	0 1 2 <u>3</u>	8	<u>18</u>	<u>18</u>
CRITICAL ENVIRONMENTS	<u>MOA Flood Plain</u>	0 1 <u>2</u> 3	8	<u>12</u>	<u>18</u>
ADDITIONAL POINTS FOR OTHER RECEPTORS	<u>Mo. River recharge area = 15 / RA = 2</u>			<u>17</u>	<u>50</u>
NUMBER OF MISSING AND ASSUMED VALUES = <u>2</u> OUT OF 5.				<b>SUBTOTALS</b> <u>59</u> <u>146</u> <u>170</u>	
PERCENTAGE OF MISSING AND ASSUMED VALUES = <u>40</u> % <u>20%</u>				<b>SUBSCORE</b> (FACTOR SCORE DIVIDED BY MAXIMUM SCORE AND MULTIPLIED BY 100) <u>40.1</u> <u>51.2</u>	

<b>PATHWAYS</b>					
EVIDENCE OF CONTAMINATION	<u>3.N.</u> <u>Suspected</u>	0 1 <u>2</u> 3	2	<u>4</u>	<u>6</u>
LEVEL OF CONTAMINATION		0 1 2 3	7		<u>21</u>
TYPE OF CONTAMINATION	<u>Soil/water/Air (assumed)</u>	0 1 <u>2</u> <u>3</u>	5	<u>10</u>	<u>15</u>
DISTANCE TO NEAREST SURFACE WATER	<u>Less than 1 mile</u> <u>Topo Map Lake Manawa</u>	0 1 <u>2</u> 3	8	<u>16</u>	<u>24</u>
DEPTH TO GROUNDWATER	<u>SWL 9'</u>	0 1 2 <u>3</u>	7	<u>21</u>	<u>21</u>
NET PRECIPITATION		0 1 2 3	6	<u>6</u>	<u>18</u>
SOIL PERMEABILITY		0 1 2 <u>3</u>	6	<u>18</u>	<u>18</u>
DEPTH TO BEDROCK	<u>est 100'</u>	<u>0</u> 1 2 3	4		<u>12</u>
BEDROCK PERMEABILITY	<u>Lime stone - shale</u>	0 1 <u>2</u> 3	4	<u>8</u>	<u>12</u>
ADDITIONAL POINTS FOR OTHER PATHWAYS					<u>25</u>
NUMBER OF MISSING AND ASSUMED VALUES = <u>5</u> OUT OF 9.				<b>SUBTOTALS</b> <u>4123</u> <u>664</u>	
PERCENTAGE OF MISSING AND ASSUMED VALUES = <u>55.6</u> % <u>11.1%</u>				<b>SUBSCORE</b> (FACTOR SCORE DIVIDED BY MAXIMUM SCORE AND MULTIPLIED BY 100) <u>35.9</u> <u>41.1</u>	



NAME OF SITE \_\_\_\_\_

## WASTE CHARACTERISTICS

TOXICITY	<del>Aldrin + Dieldrin</del> <del>assumed</del>	0	1	2	3	7	21	21
RADIOACTIVITY		0	1	2	3	7		21
PERSISTENCE	<del>Aldrin Dieldrin</del> <del>assumed</del>	0	1	2	3	5	15	15
IGNITABILITY		0	1	2	3	3		9
REACTIVITY		0	1	2	3	3		9
CORROSIVENESS		0	1	2	3	3		9
SOLUBILITY	assumed	0	1	2	3	4	4	12
VOLATILITY	assumed if heated	0	1	2	3	4	8	12
PHYSICAL STATE	dust/liquid/gas	0	1	2	3	4	12	12
ADDITIONAL POINTS FOR OTHER WASTE CHARACTERISTICS								20
NUMBER OF MISSING AND ASSUMED VALUES = <del>9</del> OUT OF 9. <sup>6</sup>							SUBTOTALS	550 2092
PERCENTAGE OF MISSING AND ASSUMED VALUES = <del>100</del> % 66.67%							SUBSCORE	059.8
							(FACTOR SCORE DIVIDED BY MAXIMUM SCORE AND MULTIPLIED BY 100)	

## WASTE MANAGEMENT PRACTICES

SITE SECURITY	Fence (unknown secured/locked)	0	1	2	3	7	7	21
HAZARDOUS WASTE QUANTITY		0	1	2	3	7		21
TOTAL WASTE QUANTITY		0	1	2	3	5		15
WASTE INCOMPATIBILITY		0	1	2	3	5		15
USE OF LINERS	assumed none	0	1	2	3	3	9	9
USE OF LEACHATE COLLECTION SYSTEMS	assumed none	0	1	2	3	3	9	9
USE OF GAS COLLECTION SYSTEMS		0	1	2	3	2		6
USE AND CONDITION OF CONTAINERS		0	1	2	3	2		6
ADDITIONAL POINTS FOR OTHER WASTE MANAGEMENT PRACTICES								30
NUMBER OF MISSING AND ASSUMED VALUES = <del>8</del> OUT OF 8. <sup>5</sup>							SUBTOTALS	18 48
PERCENTAGE OF MISSING AND ASSUMED VALUES = <del>100</del> % 62.5%							SUBSCORE	37.5
							(FACTOR SCORE DIVIDED BY MAXIMUM SCORE AND MULTIPLIED BY 100)	

NUMBER OF MISSING AND ASSUMED VALUES = ~~29~~ OUT OF 31. <sup>13</sup>PERCENTAGE OF MISSING AND ASSUMED VALUES = ~~93.5~~ %  
77.4 41.94TOTAL FACTOR SCORE <sup>47</sup> 173TOTAL MAXIMUM POSSIBLE FACTOR SCORE <sup>182</sup> 350OVERALL SCORE <sup>22.5</sup> 49.4

(TOTAL SCORE DIVIDED BY MAXIMUM SCORE AND MULTIPLIED BY 100)



# WASTE CHARACTERISTICS

TOXICITY	<i>assume #1</i>
PERSISTENCE	<i>the following released to pond. But,</i>
RADIOACTIVITY	<i>Thimet, Bolero, Mocap Parathion, toxaphene,</i>
IGNITABILITY	<i>Dieldrin, Di-System.</i>
REACTIVITY	
CORROSIVENESS	
SOLUBILITY	
VOLATILITY	
PHYSICAL STATE	
INFECTIOUSNESS	
BIOACCUMULATION POTENTIAL	
CARCINOGENICITY, TERATOGENICITY, AND MUTAGENICITY	
OTHER:	

# WASTE MANAGEMENT PRACTICES

SITE SECURITY	
HAZARDOUS WASTE QUANTITY	
TOTAL WASTE QUANTITY	
WASTE INCOMPATIBILITY	
USE OF LINERS	<i>do to suspected release assume 3</i>
USE OF LEACHATE COLLECTION SYSTEMS	<i>" " " " " "</i>
USE OF GAS COLLECTION SYSTEMS	
USE AND CONDITION OF CONTAINERS	
LACK OF SAFETY MEASURES	
EVIDENCE OF OPEN BURNING	
DANGEROUS HEAT SOURCES	
INADEQUATE WASTE RECORDS	
INADEQUATE COVER	
OTHER:	

# WORK SHEET FOR RATING DISPOSAL SITES

NAME OF SITE Cher Chemical Co. ACTIVE ☒ INACTIVE ☐ INACTIVE AND ABANDONED (CIRCLE ONE)  
 LOCATION Council Bluffs Ia

OWNER/OPERATOR \_\_\_\_\_

COMMENTS \_\_\_\_\_

PREPARED BY: \_\_\_\_\_ ON \_\_\_\_\_ 19 \_\_\_\_\_

FACTOR	OBSERVATION
<b>RECEPTORS</b>	
POPULATION WITHIN 1,000 FEET	
DISTANCE TO NEAREST DRINKING-WATER WELL	<i>Golf Course's East Harbor Suppose to have sit map in Hydr report.</i>
DISTANCE TO NEAREST OFF-SITE BUILDING	
LAND USE/ZONING	
CRITICAL ENVIRONMENT	
USE OF SITE BY RESIDENTS	
USE OF NEAREST BUILDINGS	
PRESENCE OF PUBLIC WATER SUPPLIES	
PRESENCE OF AQUIFER RECHARGE AREA	
PRESENCE OF TRANSPORTATION ROUTES	
PRESENCE OF IMPORTANT NATURAL RESOURCES	
OTHER	
<b>PATHWAYS</b>	
EVIDENCE OF CONTAMINATION	
TYPE OF CONTAMINATION	<i>reported suspected release in Ground water</i>
LEVEL OF CONTAMINATION	
DISTANCE TO NEAREST SURFACE WATER	
DEPTH TO GROUND WATER	
NET PRECIPITATION	
SOIL PERMEABILITY	
BEDROCK PERMEABILITY	
DEPTH TO BEDROCK	<i>est by Jan Prior of Ia. G. S.</i>
EROSION AND RUNOFF PROBLEMS	
SUSCEPTIBILITY TO FLOODING	
SLOPE INSTABILITY	
SEISMIC ACTIVITY	
OTHER:	





iowa department of environmental quality

reply to: Allan Goldberg, Regional Office #4  
phone: 712-243-1934

RECEIVED

DEC 11 9 10 AM '81

DEPT. OF ENVIRONMENTAL QUALITY

December 2, 1981

Mr. Walter Johnson, Plant Manager  
Chevron Chemical Company  
P. O. Box 559  
Council Bluffs, Iowa 51501

RE: Hazardous Waste Inspection  
IAD 000651026

Dear Mr. Johnson:

Enclosed you will find a copy of the hazardous waste inspection report completed by this office. It is believed the report is self-explanatory. However, should you have any questions, do not hesitate to write or call.

Sincerely,

COMPLIANCE DIVISION

R. W. GROTE  
Regional Administrator  
Regional Office No. 4

RWG:mi

Enc.

cc: ✓ Jim Humeston, DEQ, Des Moines, Iowa

Main Office: Henry A. Wallace Building, Des Moines, Iowa 50319

Regional Office #1  
209 N. Franklin St.  
Manchester 52057

Regional Office #2  
509 S. President  
P.O. Box 1443  
Mason City 50401

Regional Office #3  
401 Grand Ave.  
P.O. Box 270  
Spencer 51301

Regional Office #4  
316 Walnut  
Atlantic 50022

Regional Office #5  
317 E. 5th St.  
P.O. Box 6160  
Des Moines 50309

Regional Office #6  
117 N. 2nd Ave.  
P.O. Box 27  
Washington 52053

Company Name Chevron Chemical Date of Inspection 11-4-81 IAD 

0	0	0	6	5	1	0	2	6
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HAZARDOUS WASTE GENERATOR  
General Administrative Requirements  
Site Inspection Report Checklist

INSTRUCTION  
Answer and Explain  
as Necessary

1. Manifest (40 CFR 262.21, 262.22 & 262.23 as Incorporated in 400-45 (455B) I.A.C.)

☐ Adequate ☒ More Effort Required ☐ Inadequate ☐ Not Applicable

2. Short Term Storage (262.34)

☒ Applicable ☐ Not Applicable

A. Personnel Training (265.16)

(1) Position Descriptions

(2) Training Records

☐ Adequate ☐ More Effort Required ☐ Inadequate

N/A

B. Preparedness and Prevention Procedures (265.30 & 265.31)

(1) Required Equipment (265.32) and (2) Testing and Maintenance of Equipment (265.33)

☒ Adequate ☐ More Effort Required ☐ Inadequate ☐ Not Applicable

(3) Access to Communications or Alarm Systems (265.34) and (4) Required Aisle Space (265.35)

☒ Adequate ☐ More Effort Required ☐ Inadequate ☐ Not Applicable

(5) Arrangements with Local Authorities (265.37)

☐ Adequate ☒ More Effort Required ☐ Inadequate ☐ Not Applicable

C. Emergency Procedures (265.56)

(1) Contingency Plan (265.52) and (2) Instruction on Contingency Plan

☐ Adequate ☒ More Effort Required ☐ Inadequate

3. Recordkeeping (262.40) and Annual Report (262.41)

☐ Adequate ☐ More Effort Required ☐ Inadequate ☐ Not Applicable

N/A



Company Name Chevron Chemical Date of Inspection 11-4-81 IAD 000651026

SHORT TERM STORAGE SITE INSPECTION REPORT CHECKLIST 4 (Containers)	INSTRUCTION Answer and Explain as Necessary
<p>A. Condition of Container (265.171)</p> <p><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate</p> <p>B. Inspections (265.174)</p> <p><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate</p> <p>C. Special Requirements for Ignitable or Reactive Waste (265.176)</p> <p><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate</p> <p>D. Labeling/Marking on Containers (262.31, 32, 34)</p> <p><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate</p>	

SHORT TERM STORAGE SITE INSPECTION REPORT CHECKLIST 5 (Tanks) N/A	INSTRUCTION Answer and Explain as Necessary
<p>A. Condition of Tanks (265.192)</p> <p><input type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate</p> <p>B. Uncovered Tank Requirement (265.192)</p> <p><input type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate <input type="checkbox"/> Not Applicable</p> <p>C. Tank with Continuous Feed Requirement (265.192)</p> <p><input type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate <input type="checkbox"/> Not Applicable</p> <p>D. Inspections</p> <p><input type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate</p> <p>E. Special Requirement for Ignitable or Reactive Waste</p> <p><input type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate <input type="checkbox"/> Not Applicable</p>	

<b>INVESTIGATION DATE</b>		<b>FROM:</b> (Use Stamp)  REGIONAL OFFICE #4 ATLANTIC, IOWA PHONE 712/244-1111
<b>Current</b> 11-4-81	<b>Last</b> -	
<b>TO: (Facility Name, Location &amp; Address)</b> Chevron Chemical Company P. O. Box 559 Council Bluffs, Iowa 51501 IAD #000651026		<b>Persons Contacted (Name &amp; Position)</b> Walter Johnson, Plant Manager
<b>RE: (Specify Investigation Purpose Or Cite Rule)</b> Hazardous Waste Generator Inspection		

**OBSERVATIONS/RECOMMENDATIONS**

**GENERAL FACILITY REQUIREMENTS:** This facility manufactured and warehoused agricultural chemicals; however, Walter Johnson, plant manager, stated that Chevron Chemical in Council Bluffs is no longer involved in manufacturing and is scheduled to be completely shut down by March 1, 1982. Since this site does not store hazardous waste more than 90 days, a formal closure plan is not required. Nevertheless, the formulation of agricultural chemicals may leave toxic residues on the manufacturing machinery and other process units involved. It was recommended to Mr. Johnson that a formal written closure plan for the facility be submitted for review, and registered with this Department. A suitable solvent (methanol) should be used to rinse manufacturing/processing equipment and disposed of at a hazardous waste landfill, if necessary.

Presently, the storehouse is holding various finished agricultural chemicals, awaiting shipment. Mr. Johnson was requested to contact Regional Office #4 in Atlantic, Iowa when all farm chemicals are removed from the site, for a final inspection.

Mr. Johnson, plant manager, stated that he interpreted 40 C.F.R., Section 262.34, to mean that a generator's 90-day accumulation begins after accumulating 2200 pounds of hazardous waste. This is incorrect; Section 262.34(a) states: "The generator may accumulate hazardous waste on-site without a permit for 90 days or less." Mr. Johnson is reminded that Section 262.34(b) states: "A generator who accumulates hazardous waste for more than 90 days is an operator of a storage facility and is subject to the requirements of 40 C.F.R., Sections 264 and 265, and the permit requirements of 40 C.F.R.122."

At the time of this inspection, 21 55-gallon drums of hazardous waste; parathion, aldrin, and methoxychlor, were awaiting shipment. Also, five pieces of equipment contaminated with heptachlor and aldrin are awaiting shipment to hazardous waste landfill.

In addition, Mr. Johnson has incorrectly labeled paraquat as a hazardous substance

<b>SUSPENSE DATE</b>	<b>Signature</b>	<b>Date</b>
11/1	<b>Inspector</b> <i>Allan Goldberg</i> Allan Goldberg, Environmental Specialist	11-16-81
	<b>Regional Administrator</b> <i>[Signature]</i>	12-1-81
<b>Enclosures (Specify)</b>		
<b>Distribution: Regional Office: Central Office: Inspected Facility</b>		



# IOWA DEPARTMENT OF ENVIRONMENTAL QUALITY

SANITARY LANDFILL INSPECTION ☐

WATER SUPPLY INSPECTION ☐

WASTEWATER TREATMENT FACILITY INSPECTION ☐

AIR QUALITY INSPECTION ☐

HAZARDOUS WASTE INSPECTION ☒

Page \_\_\_\_\_ of \_\_\_\_\_

Facility/Permit # \_\_\_\_\_

IAD 0 0 0 6 5 1 0 2 6

ITEM CODE	COMMENTS AND RECOMMENDATIONS
	<p>and not as a hazardous waste. The active ingredient of paraquat, dimethyl sulfate, is a listed hazardous constituent in 40 C.F.R., Section 261, Appendix VIII. Therefore, paraquat is a generated HW and must be handled and disposed of in accordance with 40 C.F.R., Section 262.</p> <p>Hazardous waste has been shipped to Chemical Waste Management, NIES Division, Wichita, Kansas, for ultimate disposal. Numerous administrative deficiencies exist which are discussed by line items as they are marked in the inspection checklist. Each of the items discussed is referenced to federal regulations (40 C.F.R.) which have been adopted by reference in Chapter 45, Iowa Administrative Code.</p>
1.	<p><u>Manifest</u> - The previous manifest on record from this facility lists the volume of the hazardous waste containers, but not the weight. The total quantity of each hazardous waste must be specified by specific units; that is, pounds (P), tons (T), kilograms (K), and metric tons (1000 Kg (M). The operator of this facility should refer to 40 C.F.R., Sections 262.21, 262.22, and 262.23.</p>
2.A.(1&2)	<p><u>Personnel Training - Position Descriptions and Training Records</u> - Since this facility is scheduled to be closed by March 1, 1982, and only one other man is working at the plant at the present time, the personnel training requirements may be waived. However, if this facility continues to manufacture and/or store agricultural chemicals, Chevron Chemical Company will be required to comply with 40 C.F.R., 265.16.</p>
2.B.(5)	<p><u>Preparedness and Prevention Procedures - Arrangements with Local Authorities</u> No formal plan outlining arrangements with local authorities in conjunction with the preparedness and prevention plan has been developed at this hazardous waste treatment and storage facility. The owner/operator must make arrangements to familiarize the police, fire departments, and response teams with the layout of the facility, chemical properties of the hazardous waste handled at the facility and associated hazards, places where facility personnel would normally be working, entrances to roads inside the facility, and possible evacuation routes; also, arrangements to familiarize local</p>

# IOWA DEPARTMENT OF ENVIRONMENTAL QUALITY

SANITARY LANDFILL INSPECTION ☐

WATER SUPPLY INSPECTION ☐

WASTEWATER TREATMENT FACILITY INSPECTION ☐

AIR QUALITY INSPECTION ☐

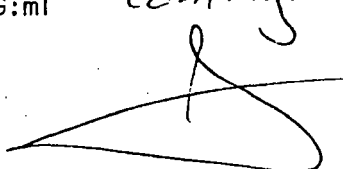
HAZARDOUS WASTE INSPECTION ☒

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Facility/Permit # \_\_\_\_\_

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ITEM CODE	COMMENTS AND RECOMMENDATIONS
	hospitals of the chemical properties of the hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions or releases at the facility. A formal written plan should be maintained at the site in compliance with 40 C.F.R., 265.52, as part of the contingency plan.
2.C.(1&2)	<p><u>Emergency Procedures - Contingency Plan</u> - This facility has a Spill Prevention Control and Counter measure (SPCC) plan on file. According to 40 C.F.R., Section 265.12(b), the owner or operator need only amend the SPCC plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this part. The plan, dealing with hazardous waste, must be expanded to: (1) describe the response actions of persons to fires, explosions, unplanned sudden or non-sudden release of hazardous waste; (2) describe arrangements to coordinate the emergency service with police and fire departments, hospitals and state and local emergency response teams; (3) identify emergency coordinators by name, address and telephone number at office and/or home; (4) specify emergency equipment as related to the needs of this facility; and, (5) develop an evacuation plan if deemed appropriate for this facility. The operators at Chevron Chemical Company should refer to 40 C.F.R., Section 265.52, as adopted in reference in 400 I.A.C. 45.6.</p>
2.C.(2)	<p><u>Instruction on Contingency Plan</u> - No formal written documentation of instruction on contingency plan (training records) are maintained at this site. It is necessary to provide instruction on contingency plan for the appropriate persons.</p> <p>12/3/81  <i>Personnel Training requirement was waived by region yet insisted on compliance for contingency plan instruction requirements.</i></p> <p>AG:ml</p> 



1A5 000 000 164



POTENTIAL HAZARDOUS WASTE SITE  
SITE IDENTIFICATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
IA 000010157

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Chev Chem Co.		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 201 35th Ave.			
03 CITY Council Bluffs	04 STATE IA	05 ZIP CODE 51501	06 COUNTY Pottawattomie	07 COUNTY CODE	08 CONG DIST

09 DIRECTIONS TO SITE (Starting from nearest public road)

III. RESPONSIBLE PARTIES

01 OWNER (If known) Chevron Chemical Co.		02 STREET (Business, residential, mailing) 595 Market Street			
03 CITY San Francisco	04 STATE CA	05 ZIP CODE 94105	06 TELEPHONE NUMBER ( )		
07 OPERATOR (If known and different from owner) -- Contact: K.C. Bishop III		08 STREET (Business, residential, mailing) same			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ( 415894	9076	

13 TYPE OF OWNERSHIP (Check one)

☒ A. PRIVATE ☐ B. FEDERAL: \_\_\_\_\_ (Agency name) ☐ C. STATE ☐ D. COUNTY ☐ E. MUNICIPAL  
☐ F. OTHER: \_\_\_\_\_ (Specify) ☐ G. UNKNOWN

IV. HOW IDENTIFIED

01 DATE IDENTIFIED 06 / 01 / 81 MONTH DAY YEAR	02 IDENTIFIED BY (Check all that apply) <input type="checkbox"/> A. CITIZEN COMPLAINT <input type="checkbox"/> B. INDUSTRY <input type="checkbox"/> C. STATE/LOCAL GOVERNMENT <input type="checkbox"/> D. AERIAL RECONNAISSANCE <input type="checkbox"/> E. RCRA INSPECTION <input type="checkbox"/> F. SURFACE IMPOUNDMENT ASSESSMENT <input type="checkbox"/> G. OTHER EPA IDENTIFICATION <input checked="" type="checkbox"/> H. OTHER Superfund Notification (Specify)
--	---

V. SITE CHARACTERIZATION

01 TYPE OF SITE (Check all that apply)  
☐ A. STORAGE ☐ B. TREATMENT ☒ C. DISPOSAL ☐ D. UNAUTHORIZED DUMPING ☐ E. OTHER \_\_\_\_\_ (Specify)

02 SUMMARY OF KNOWN PROBLEMS (Provide narrative description)

03 SUMMARY OF ALLEGED OR POTENTIAL PROBLEMS (Provide narrative description)  
Site contains 2 waste pits (100 sq. ft. ea.), containing waste pesticide. Chevron reported that there could be trace releases to area groundwater and that Chev Chem Co. is currently in the process of investigating this possibility.

VI. INFORMATION AVAILABLE FROM

01 CONTACT K.C. Bishop III	02 OF (Agency/Organization) Chevron Chemical Co. 595 Market St. San Francisco, CA 94105		03 TELEPHONE NUMBER (415) 894-9076
04 PREPARED BY Joy Haff	05 AGENCY EPA	06 ORGANIZATION HAZM	07 TELEPHONE NUMBER (816) 374-6531
		08 DATE 08 / 24 / 81 MONTH DAY YEAR	

## POTENTIAL HAZARDOUS WASTE SITE SITE IDENTIFICATION

### General Information

The Potential Hazardous Waste Site, Site Identification form is used to record site location and related information about alleged, potential, or known hazards at the site when the site is initially identified.

### General Instructions

Complete the Site Identification form as completely as possible. Add additional information as it becomes available. Additional information may be added by using another Site Identification form, completing only those items to be added, deleted, or changed. Mark the form clearly, using "A", "D", or "C", to indicate the action to be taken. The Site Source Data Report may be used if only data in the Site Tracking System (STS) are to be altered. Using the report, mark clearly the items to be changed and the action to be taken. Starred items (\*) are required for the site to be added to STS. The system will not accept new sites with incomplete information.

### Detailed Instructions

#### I. Identification

- \*I-01 State: Enter the two character alpha FIPS code for the state in which the site is located.
- \*I-02 Site Number: Enter the ten character alphanumeric code for sites which have a Dun and Bradstreet or EPA "user" Dun and Bradstreet number or the ten character numeric GSA identification code for federal sites. Numbers will be obtained through the Superfund coordinators in each Region.

#### II. Site Name and Location

- \*II-01 Site Name: Enter the legal, common, or descriptive name of the site.
- \*II-02 Site Street: Enter the street address and number (if appropriate) where the site is located. If the precise street address is inappropriate for this site, enter brief direction identifier, e.g., NW intersection I-295 & US 99; Post Rd, 5 mi W of Rt. 5.
- \*II-03 Site City: Enter the city, town, village, or other municipality in which the site is located. If the site is not located in a municipality, enter the name of the municipality (or place) which is nearest the site or which most easily locates the site.
- \*II-04 Site State: Enter the two character alpha FIPS code for the state in which the site is located. The code must be the same as in item I-01.
- II-05 Site Zip Code: Enter the five character numeric zip code for the postal zone in which the site is located.
- \*II-06 Site County: Enter the name of the county, parish (Louisiana), or borough (Alaska) in which the site is located.
- II-07 County Code: Enter the three character numeric FIPS county code for the county, parish, or borough in which the site is located. (The regional data analyst will furnish this data item.)
- II-08 Site Congressional District: Enter the two character number for the congressional district in which the site is located.
- II-09 Directions to Site: Starting from the nearest public road, provide narrative directions to the site.

#### III. Responsible Parties

- III-01 Site Owner: Enter the name of the owner of the site. The site owner is the person, company, or federal, state, municipal or other public or private entity, who currently holds title to the property on which the site is located.

- III-02 Site Owner Address: Enter the current complete business, residential, or mailing address at which the owner of the site can be reached.
- 03
- 04
- 05

- III-06 Site Owner Telephone Number: Enter the area code and local telephone number at which the owner of the site can be reached.

- III-07 Site Operator: If different from Site Owner, enter the name of the operator at the site. The site operator is the person, company, or federal, state, municipal or other public or private entity, who currently, or most recently, is, or was, responsible for operations at the site.

- III-08 Site Operator Address: Enter the current complete business, residential, or mailing address at which the operator of the site can be reached.
- 09
- 10
- 11

- III-12 Site Operator Telephone Number: Enter the area code and local telephone number at which the operator of the site can be reached.

- \*III-13 Type of Ownership: Check the appropriate box to indicate the type of site ownership. If the site is under the jurisdiction of an activity of the federal government, enter the name of the department, agency, or activity. If Other is indicated, specify the type of ownership and name.

#### IV. How Identified

- \*IV-01 Date Identified: Enter the date the site was initially identified to EPA or other responsible agency, e.g., a state environmental or health agency.
- IV-02 Identified By: Check the appropriate box(es) to indicate how the site was initially identified to EPA or other responsible agency, e.g., a state agency.

#### V. Site Characterization

- V-01 Type of Site: Check all appropriate boxes. If Other is indicated, specify the type.
- V-02 Summary of Known Problems: Provide a brief narrative description of hazardous conditions known to exist at the site.
- V-03 Summary of Alleged or Potential Problems: Provide a brief narrative description of hazardous, or potentially hazardous, conditions said, or claimed, to exist at the site.

#### VI. Information Available From

- VI-01 Contact: Enter the name of the individual who can provide information about the site.
- VI-02 Of: If appropriate, enter the name of the public or private agency, firm, or company, and the organization within the agency, firm, or company of the individual named as Contact.
- VI-03 Telephone Number: Enter the area code and local telephone number of the individual named as Contact.
- VI-04 Prepared By: Enter the name of individual who prepared the Site Identification form.
- VI-05 Agency: Enter the name of the Agency where the individual who prepared the form is employed.
- VI-06 Organization: Enter the name of the organization within the Agency.
- VI-07 Telephone Number: Enter the area code and local telephone number of the individual who prepared the Site Identification form.
- VI-08 Date: Enter the date the Site Identification form was prepared.